

Issue 130: INSIDER'S EDGE: Tax Time!—IRS Form 1095-B

Welcome back, Insiders! After a bit of a hiatus, I'm back to share some information about everyone's favorite topic—TAXES!

Thanks to a recent mailing, Medicaid recipients around the state will be receiving an unfamiliar document in the coming days, the IRS Form 1095-B. As a result, there may be an uptick in questions from consumers. Read on to get ready!

The Basics: Filing Taxes & The Individual Mandate

Under the ACA's individual mandate, everyone under sixty-five MUST have health coverage—either through Medicaid or another insurance plan. Individuals who elected *not* to get health insurance in 2015 may face a tax penalty unless they qualify for an [exemption](#).

Any individual who had coverage that qualifies as “minimum essential coverage” in 2015 will receive an appropriate IRS Form 1095. Examples of minimum essential coverage include:

- Any job-based plan, including retiree plans and COBRA coverage
- Medicare
- Medicaid
- Maryland Children's Health Program (MCHP)
- Most individual health plans purchased outside Maryland Health Connection, including "grandfathered" plans. There are some exceptions.
- Certain types of health coverage through the Veterans Health Administration (VA) including Veteran's health care program, Civilian Health and Medical program (CHAMPVA), Spina bifida health care program, and Children of Women Vietnam Veterans program
- For individuals under 26, coverage under a parent's plan

Consumers must indicate whether they had health care coverage in 2015 when they file their taxes. Individuals using the IRS Form 1040 will indicate whether they had coverage on Line 61.

Other Taxes	57	Self-employment tax. Attach Schedule SE	57		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a	Household employment taxes from Schedule H	60a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax ▶	63			

The Fine Print—IRS Form 1095

There are three different varieties of the IRS Form 1095:

- [IRS Form 1095-A](#)—Sent to individuals who purchased a qualified health plan (QHP) through Maryland Health Connection. These forms were mailed on January 31, 2016.
 - [IRS Form 1095-B](#)—Sent to individuals who received coverage through Medicaid and Maryland Children’s Health Program (MCHP). For individuals enrolled in these programs, forms were mailed on Tuesday, February 16, 2016.
- Note:* Issuers of individual market coverage, certain types of employer-sponsored coverage, and other benefits such as TRICARE and Medicare Part A are also required to provide consumers with a Form 1095-B. Some consumers may have already received a 1095-B from one of these sources.
- [IRS Form 1095-C](#)—Sent to individuals who received employer-sponsored coverage through a large employer.

Individuals who received coverage through multiple sources in 2015 may receive more than one Form 1095. For example, for someone who received Medicaid for part of the year and subsequently purchased a QHP because they experienced a change in income, the person will receive both a 1095-B and a 1095-A.

Form 1095-B Department of the Treasury Internal Revenue Service		Health Coverage ▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		560115 OMB No. 1545-2252 2015									
Part I Responsible Individual															
1 Name of responsible individual Medicaid Marge		2 Social security number (SSN) XXX-XX-XXXX		3 Date of birth (if SSN is not available) ##/##/####											
4 Street address (including apartment no.)		5 City or town		6 State or province		7 Country and ZIP or foreign postal code									
8 Enter letter identifying Origin of the Policy (see instructions for codes):				9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable											
Part II Employer Sponsored Coverage (see instructions)															
10 Employer name				11 Employer identification number (EIN)											
12 Street address (including room or suite no.)		13 City or town		14 State or province		15 Country and ZIP or foreign postal code									
Part III Issuer or Other Coverage Provider (see instructions)															
16 Name				17 Employer identification number (EIN)		18 Contact telephone number									
19 Street address (including room or suite no.)		20 City or town		21 State or province		22 Country and ZIP or foreign postal code									
Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 Medicaid Marge			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here’s a preview of what the 1095-B looks like. Want a closer look? [Click here.](#)

Consumer Assistance for the IRS Forms 1095-A and 1095-B

As the result of recent mailings, there may be an increase in questions from consumers about the 1095-A and 1095-B forms in the coming days.

The Maryland Health Connection (MHC) Call Center (1-855-642-8572 (TTY: 8753)) can assist with general inquiries related to the IRS Form 1095-A issued for QHP coverage and the IRS 1095-B issued for Medicaid/MCHP coverage.

If a consumer notices that their 1095 form is incorrect, the MHC Call Center can work with consumers to fix the problem and issue a corrected form.

If a consumer loses their 1095 form, the MHC Call Center can issue a new copy. Consumers can also visit their regional Connector Entity, Local Health Department, or Local Department of Social Services. Workers with access to Maryland Health Connection can search for the consumer in the system and reprint the form.

Additional Resources

- To read more about reporting health coverage on tax forms and the IRS Forms 1095-A and 1095-B, visit <https://www.marylandhealthconnection.gov/taxes/>. Be sure to read the Frequently Asked Questions!
- For more information on the individual mandate and what counts as minimum essential coverage, see *Issue 23: INSIDER'S EDGE: Don't forget your health insurance!*
- For more information on seeking an exemption from the individual mandate, see *Issue 49: INSIDER'S EDGE: Seeking an exemption from the individual mandate.*

See, that wasn't too bad! Questions? Send them to dhmh.medicaidmarge@maryland.gov.